

# Instructions Please Read

Dear Taxpayer:

Attached please find your Senior Water & Sewer Exemption Application for Fiscal Year 2020.

The filing deadline for Fiscal Year 2020 is April 1, 2020. This deadline cannot be extended or waived by the Board of Assessors of any reason.

**You must complete the following sections of the application in order for the Assessors' office to process your application.**

- 1) Section A (Ownership as of July 1, 2019)
- 2) Section B (Gross Income for CALENDAR YEAR 2018)
  - a) Gross Income Limit- Single- \$15,000
  - b) Gross Income Limit- Married-\$18,000
- 3) Section C (Value of all assets as of July 1, 2019, exclude primary residence)
  - a) Asset Limit-Single- \$20,000
  - b) Asset Limit-Married- \$25,000
- 4) Section D (Signature)

**The following must be enclosed along with your application:**

- COMPLETE 2018 Federal Income Tax Return \***
- Copy of Birth Certificate (for first time filers only)**
- Trust Verification (if applicable)**

The applicant must be a Trustee of the Trust AND also be a Beneficiary of the Trust

**For properties held in a Trust only-**

Enclose the following (unless on file with the Assessor's Office):

- A copy of the entire Trust Document, including the Schedule of Beneficiaries.
- A copy of any amendments made to the trust and or Trustees since July 1, 2018.
- A copy of any amendments made to the Schedule of Beneficiaries..

\*If you do not file a Federal Income Tax Return, please request a "FILE NO INCOME TAX RETURN" form.

Also in order to verify income, please enclose;

State Income Tax Circuit Breaker (CB Form)

Or

All 2018 1099 forms  
 All 2018 W-2 forms

**Your application cannot be processed unless it is completed and all required documents have been received.**

If you have any questions, please contact the Assessors' office at (781) 316-3050.

Application No.  
Parcel I.D.  
Bill#

THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF ARLINGTON

WATER AND SEWER  
**FY \_\_\_\_ APPLICATION FOR STATUTORY EXEMPTION**

General Laws Chapter 59, Section 5, Clause 52

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION.  
(See General Laws Chapter 59, Section 60.)

**Must be filed with Board of Assessors on or before April 1.**

INSTRUCTIONS: Complete all sections fully, Please print or type

**A. IDENTIFICATION:**

Name of Applicant \_\_\_\_\_ Marital Status \_\_\_\_\_

Date of Birth \_\_\_\_\_ (If first year application, attach copy of birth certificate.)

Legal Residence (Domicile) on July 1, 20\_\_\_\_\_ \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

Location of Property \_\_\_\_\_ No. of Dwelling Units \_\_\_\_\_

Did you own the property on July 1, 20\_\_\_\_? Yes No

If yes, were you Sole Owner Co-owner with Spouse Only Co-owner with Others?

Was the property subject to a trust as of July 1, 20\_\_\_\_? Yes No  
(If yes, attach trust instrument including all schedules.)

Were you granted any exemption in any other city or town for this year? Yes No

If yes, name of city or town \_\_\_\_\_ Amount exempted \$ \_\_\_\_\_

**FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES**

**DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)**

- |                                    |  |                    |
|------------------------------------|--|--------------------|
| <input type="checkbox"/> Ownership | <input type="checkbox"/> Granted       | Assessed Tax _____ |
| <input type="checkbox"/> Occupancy | <input type="checkbox"/> Denied        | Exempted Tax _____ |
| <input type="checkbox"/> Age       | <input type="checkbox"/> Deemed Denied | Adjusted Tax _____ |
| <input type="checkbox"/> Income    |  |                    |
| <input type="checkbox"/> Assets    |  |                    |

BOARD OF ASSESSORS

Date Voted/Deemed Denied \_\_\_\_\_

Certificate No. \_\_\_\_\_

Date Cert./Notice Sent \_\_\_\_\_

**B. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR:**

Copies of federal or state income tax returns are required to verify your income.

	Applicant and Spouse	Co-Owner(s) and Spouse(s)
Retirement Benefits (Social Security, Railroad, Federal and Mass Subdivisions)	_____	_____
Other Pensions and Retirement Allowances	_____	_____
Wages, Salaries and Other Compensation	_____	_____
Net Profits from Business of Profession	_____	_____
Interest and Dividends	_____	_____
Other Receipts (Rent, Capital Gains, etc.)	_____	_____
<b>TOTALS</b>	_____	_____

**C. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR**

Documentation is required to verify your assets.

REAL ESTATE:	Assessed Valuation	Amount Due on Mortgage	VALUE
Domicile	_____	_____	_____
All Other	_____	_____	_____

**PERSONAL ESTATE:**

## Bank Accounts:

Name and Address of Bank	Account No.
_____	_____
_____	_____
_____	_____

## Stocks, Bonds, Securities, Etc.

Description and Amount
_____
_____

## Motor Vehicles and Trailers

Year	Make	Model
_____	_____	_____
_____	_____	_____

## Other Non-Exempt Personal Property

Kind	Description	TOTAL
_____	_____	_____

**D. SIGNATURE:** Sign here to complete this application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Your signature

Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.